PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 Application of October 1, 1000 Application of October 1, 1000													
4			SMALL EN TYPE	mm Y	OR	OTHER SMALL							
TOTAL CLAIMS .			. 33					RATE	FEE		RATE	FEE]
FOR			NUMBER FILED.		NUMBER EXTRA			Basic Fee	355.00	OR	Basic Fee	710.00	1
TOTAL CHARGEABLE CLAIMS			≥ 20 minus 20 ×		. 13			X\$ 9=		ОЯ	X\$18=	234.	ŀ
INDEPENDENT CLAIMS			→ E aunim →		,			X40=		OR	X80=	80.	ļ
MULTIPLE DEPENDENT CLAIM P			RESENT					+135=		OR	+270=		1
: If t	he/difference	in column 1 is	ess than 20	ro, enla	r ~0 ~ in c	olumn 2		TOTAL		OR	TOTAL	1004.	1
7	/30/85 CI		SMALL	ENTITY	OR	OTHER SMALL	THAN	1					
तं		(Column 1) COUMS REMAINING AFTER AMENDMENT		RIGI NUN PREVI	EST	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE]
AMENDMENT	Total	. 33	Minus	· 3	3	- /		X\$ 9=		OR	X\$18=	,	
	Independent	. 4	Minus	•••	4	-/]	X40=	7	OR	X80-		1
	FIRST PRESE	ntation of multiple dependen			TCLAIM		J	+135=	7	OR	+270=	7	1
1					. •			TOTAL		OR	TOTAL		┪
	18/00		•.	(Cab	mn 2)	(Column 3	١.	ADDIT. FEE		J~	ADOIT, FEE	•	1
MENDMENT B	10100	(Column 1) CULIMS REMUNING AFTER AMENDMENT		RIG NUI PREV	RESY WER TOUSLY FOR	PRESENT . EXTRA	1	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	L
OME	Total	. 33	Minus		33	- 1	7	X\$ 9=		OR	X\$18a		
RET	Independent		Minus	••• ر	P	-		X40=		OR	X80=/		
	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	T CLAIN		J	+135=		ОЯ	+279-	•	•
								YOYAL ADDIT, FEE		ОЯ	ADDIT. FEE		
		(Column 1)		(Coh	ımn 2)	(Column 3	31						
MTC		CLAIMS REMAINING AFTER		PREV	REST MBER MOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONA FEE	T
AMENDMEN	Total	L5	Minus	- 2	53	-0		X\$ 9=		OR	X\$18=	Ţ	
	Independent	- 4	Minus	000	4	1.0		X40=		OR	Voo		
	FIRST PRES	ENTATION OF N	ULTIPLE DE	PENDE	VT CLAD	4 🗆	J	+135=		OR	070	1	
	II the entry in eah	onn 1 is less than	the entry in col	1978 2, Wi	to "O" in c	okoma 1.		YOYAL		ОЯ	TOTA	4 😘	
-	If the "Highest M	umber Pr viously i umber Previously i mber Previously P	Pett For IN TH	IS SPACE	: 13 lipes if	ten 2 enter S		ADDIT. FEE build in the ap		_	ADDILLE		

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